Virginia Department of Health Radiological Health P.O. Box 2448 Richmond, VA 23218 (804) 786-5932

REGISTRATION FOR RADIATION SOURCES NOT USED IN THE HEALING ARTS

Che	eck on	e: New Registra	tion Additional n	nachines			
A.	Instructions This form is to register all sources of ionizing radiation not licensed by the N.R.C. or by the Commonwealth of Va. Only those sources used or stored at one address may be registered on one form. Return both copies of the completed form to Radiological Health at the above address. One copy will be returned as proof of registration.						
B.	Gene	eral Information (type or print)				
1. 2. 3. 4.	Addı	Name of facility or owner					
5.	Name of individual responsible for radiation safety. Name Address Business Phone Home Phone Date of last survey of sources at this location for radiation safety.						
6.	Date Date	Date of last survey of sources at this location for radiation safety. Date by whom?					
7.	Are j	Date by whom? Are personnel monitoring devices employed? Type?					
C.	Radi	ation Producing N	Tachines:				
	lerator,			Type of Energy			
Sig Titl	nature e			Date		_	